

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION

10/5694411

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
3								53					
4								54					
5								55					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓			↓		TOTAL IND.			↓		
TOTAL DEP.			←			←		TOTAL DEP.			←		
TOTAL CLAIMS			↖			↖		TOTAL CLAIMS			↖		

40

45